

## Correspondence.

"Audi alteram partem."

### THE PENSIONS PROBLEM.

*To the Editor of THE LANCET.*

SIR,—In connexion with the assessment of the pensions to be allotted to partially disabled officers and men, the power of prognosis of the medical profession is in many cases being submitted to a test that it cannot sustain. It is possible to estimate with some measure of accuracy the degree of future disability of a man who after an injury has had a limb or portion of a limb amputated. For these and some other similar cases a partial pension can be more or less fairly assessed. It is quite impossible to forecast with any approach to certainty the future average employability and proportionate earning capacity of a man who has sustained a gunshot wound of a viscus or has suffered from tuberculous or malarial infection. For these and very many similar cases no fair individual assessment can be made. Such cases could be put in groups according to their history and present condition, and a rough calculation made as to the average incidence of future disability amongst all the members in each group; just in the manner in which impaired lives seeking life insurance are dealt with. Probably something of this sort is being done now in allotting partial pensions. But what will be the result? Those with partial pensions who do not subsequently break down will be heard of no more, but the minority who, according to the law of averages, will break down badly will find their small pensions altogether inadequate, their hardships will quite rightly come under public notice, and the profession will be blamed for not having made for them adequate provision.

It would be well, therefore, for the profession at once to make clear to the public that it is quite impossible for science to provide the data on which a fair pension can be assessed in the case of large numbers of partially disabled men. Since, however, the number of such men—some not yet demobilised, others demobilised but still on temporary pensions—is very great, some provision must be made to meet their special risk of disability. For a considerable number of cases the most suitable way of meeting the risk would be the issue of a sickness insurance policy guaranteeing in the event of a breakdown in the future the periodical payment by the Government of a sum to meet the then ascertained degree of disability so far as it is not met by any other national insurance. In some cases such a policy would take the place of a partial pension, in others it would be additional to it. The task of dealing with many cases, which now present an insoluble problem, would at once become simple. It would only be necessary at the outset to earmark certain cases as having been rendered by injury or disease resulting from war service specially liable to relapses of disability, and later on to determine the fact of disability should it occur. The Ministry of Pensions must naturally look to the medical profession for advice as to fair and proper ways of dealing with all the various types of cases amongst those whose health has suffered from war service. Those medical men who are in a position to offer such advice should lose no time in pointing out that there is a large proportion of cases whose special claim upon the nation cannot be met by the old-fashioned method of a pension assessed according to the demonstrable degree of disability, but can be quite satisfactorily dealt with by a well-considered scheme of sickness insurance. Such a scheme could be easily devised and at once put in force. Those who ought to come under it are, as things stand at present, either not having their claims met or are being dealt with in a manner which will ultimately prove unfair to them or to the State.

I am, Sir, yours faithfully,

August 4th, 1919.

LAURISTON E. SHAW.

### INCIPIENT MENTAL DISEASES.

*To the Editor of THE LANCET.*

SIR,—In your issue of July 26th is published a letter by Dr. L. A. Weatherly on the treatment of cases of incipient mental disease, and while fully agreeing with most of his statements I do not think too strong a protest should be made against the proposed limitation of sojourn for such

cases to six months. I quite agree with Dr. Weatherly that under such a regulation a certain number of patients may be found nearly well at the time they have to leave the institution; but I would rather this happen than have in any way retarded the facilities for early treatment that are apparently rapidly materialising.

In dealing with many thousands of cases of acute mental disorder in the early stages during the war in a military hospital I found that three months was an average period of residence. Out of 1000 cases in hospital at the end of a two years' period of admissions only 200 were found to have been resident six months or over, and 70 per cent. of these were looked upon as unlikely to make an early recovery. At the time I refer to it was the custom to keep such cases for nine months prior to certification, but from my previous experience I consider that any retention of chronic cases in a hospital intended for treatment of early cases is to be condemned in the strongest possible terms.

An atmosphere of cure is what is wanted above all things in such an institution, and for this reason I would support the limitation to six months, but would suggest that the words "provided that the patient is not making obvious improvement" be added, as a means of overcoming the difficulty referred to.—I am, Sir, yours faithfully,

RICHARD EAGER, M.D.

Devon Mental Hospital, Exminster, July 30th, 1919.

### THE COÖRDINATION OF CLINICAL RESEARCH AND PSYCHOLOGICAL MEDICINE.

*To the Editor of THE LANCET.*

SIR,—In THE LANCET of August 2nd there appeared an article by Dr. Bedford Pierce on "Psychiatry a Hundred Years Ago," also a letter from Dr. E. Goodall setting out what Cardiff is about to do in the present. I should like to draw attention to the fact that Birmingham already has a special hospital for the treatment of nervous diseases, the largest department of which is a "psychoneurosis clinic." The hospital was founded in 1913, but before beds could be provided in a suitable, quiet locality the war broke out. The governors, therefore, deemed it wise to postpone the opening of the in-patient department for mental cases until after the war. Immediately upon the cessation of hostilities they acquired a very suitable property with large grounds attached, and this will be ready for the reception of patients by the end of next month.

I wish to emphasise, in this connexion, two or three points which seem to me to have been passed over by the writers referred to above. The first point—mentioned in your leading article but not sufficiently stressed—is the necessity of separating early borderline and psychogenic from certifiable cases. If the public even suspect that they or their friends are being invited to attend an institution in any way associated with an asylum the early cases, in which treatment is most likely to be effectual, will not present themselves. For this reason it seems to me essential that the special clinics now springing up should be kept free from any taint of the asylum. The term "hospital for nervous diseases" or disorders seems acceptable to the general public, and I suggest that its adoption would avoid the danger under discussion. There is another advantage to be gained by working the new clinics from a special hospital for "nervous diseases"—viz., the well-recognised fact that even in cases in which the primary causal factor is indisputable of organic origin, it is nevertheless the super-added functional or psychogenic symptoms which cause most trouble, though they are also the most amenable to suitable treatment. Such cases willingly attend a hospital for nervous diseases where both elements of their trouble can be tackled, but they would merely be offended were they asked to attend a psychiatric clinic. Again, although borderline and psychogenic cases should be separated from advanced and hopeless cases of insanity, it will, from the research point of view, be a great advance if all diseases with a pronounced psychogenic element can be grouped and observed together with ordinary neurological cases instead of being dealt with by the more or less logic-tight-compartment methods hitherto in vogue.

My last point concerns the desirability, in large towns at any rate, of separating the out- from the in-patient department. The former must be in a central situation, which implies a small and noisy site, whereas the latter ought to